

**FEC  
FORM 3****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

12FE4M5

PEOPLE FOR FRANK HOWARD

ADDRESS (number and street)

21645 RIPPLEMEAD DRIVE

Check if different  
than previously  
reported. (ACC)

LAYTONSVILLE

MD

20882

2. **FEC IDENTIFICATION NUMBER** ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C

C00581611

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

MD

06

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M /

D D /

Y Y Y Y

in the  
State of(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the  
State of

5. Covering Period

M M /

D D /

Y Y Y Y

through

M M /

D D /

Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer DENISE HOWARD

Signature of Treasurer

DENISE HOWARD

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3**  
(Revised 02/2003)

# SUMMARY PAGE

of Receipts and Disbursements

Write or Type Committee Name

**PEOPLE FOR FRANK HOWARD**

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	7		2	0	1	6

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	6

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	4010.00	26562.96
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .....	4010.00	26562.96
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	23570.62	76562.96
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) .....	23570.62	76562.96
8. Cash on Hand at Close of Reporting Period (from Line 27).....	0.00	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 21

Write or Type Committee Name

PEOPLE FOR FRANK HOWARD

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	7		2	0	1	6

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	6

**I. RECEIPTS**
**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date

## 11. CONTRIBUTIONS (other than loans) FROM:

## (a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

2250.00

21944.82

(ii) Unitemized.....

1760.00

4618.14

(iii) TOTAL of contributions from individuals ▶

4010.00

26562.96

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees (such as PACs).....

0.00

0.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS

(other than loans)

(add Lines 11(a)(iii), (b), (c), and (d))..

4010.00

26562.96

## 12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....

0.00

0.00

## 13. LOANS:

(a) Made or Guaranteed by the Candidate.....

0.00

50000.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

0.00

50000.00

## 14. OFFSETS TO OPERATING EXPENDITURES

(Refunds, Rebates, etc.) .....

0.00

0.00

## 15. OTHER RECEIPTS

(Dividends, Interest, etc.) .....

0.00

0.00

## 16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

4010.00

76562.96

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 21

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	23570.62	76562.96
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	23570.62	76562.96

## **III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	19560.62
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	4010.00
25. SUBTOTAL (add Line 23 and Line 24).....	23570.62
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	23570.62
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	0.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 5 OF 21

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

PEOPLE FOR FRANK HOWARD

Full Name (Last, First, Middle Initial)

SHARON BAUER

Mailing Address PO BOX 453

City

DICKERSON

State

MD

Zip Code

20842

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

400.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		20		2016

Transaction ID : SA11AI.4465

Amount of Each Receipt this Period

150.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

SHARON BEGOSH

Mailing Address 18922 CLOVER HILL LANE

City

OLNEY

State

MD

Zip Code

20832

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MARYLAND PAROLE COMMISSION

Occupation

PAROLE COMMISSIONER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

722.41

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		18		2016

Transaction ID : SA11AI.4460

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

BONNIE GLICK

Mailing Address 9404 CORSICA DRIVE

City

BETHESDA

State

MD

Zip Code

20814

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MERIDIAN INTERNATIONAL CENTER

Occupation

SENIOR VICE PRESIDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

400.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		18		2016

Transaction ID : SA11AI.4440

Amount of Each Receipt this Period

200.00

☐ Memo Item  
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

600.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 6 OF 21

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

PEOPLE FOR FRANK HOWARD

Full Name (Last, First, Middle Initial)

JAQUELINE GOODIE

A.

Mailing Address 4030 GREAT HARVEST COURT

City

DUMFRIES

State

VA

Zip Code

22025

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2650.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		18		2016

Transaction ID : SA11AI.4455

Amount of Each Receipt this Period

150.00

☐ Memo Item  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)

ANITA R. GREENSTONE

B.

Mailing Address 1820 EAGLES RIDGE COURT

City

SUNSHINE

State

MD

Zip Code

20833

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HOMEMAKER

Occupation

HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		21		2016

Transaction ID : SA11AI.4466

Amount of Each Receipt this Period

500.00

☐ Memo Item  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)

KAT O'CONNOR

C.

Mailing Address 5335 WISCONSIN AVENUE NW  
STE. 700

City

WASHINGTON

State

DC

Zip Code

20015

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

REFUSED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		18		2016

Transaction ID : SA11AI.4449

Amount of Each Receipt this Period

250.00

☐ Memo Item  
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

900.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 7 OF 21

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

PEOPLE FOR FRANK HOWARD

Full Name (Last, First, Middle Initial)

A. DWIGHT PATEL

Mailing Address 9914 LORAIN AVENUE

City

SILVER SPRING

State

MD

Zip Code

20901

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BETHESDA ARCHITECTS

Occupation

CIO

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

750.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		20		2016

Transaction ID : SA11Al.4463

Amount of Each Receipt this Period

750.00

☐ Memo Item  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M	/	D D	/	Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M	/	D D	/	Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

750.00

2250.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 8 OF 21

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**PEOPLE FOR FRANK HOWARD**

Full Name (Last, First, Middle Initial)

**A. AMETHYST STRATEGIES**

Mailing Address 12709 MARTIN ROAD

City	State	Zip Code
SMITHSBURG	MD	21783

Purpose of Disbursement  
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
05 / 03 / 2016

Amount of Each Disbursement this Period

1000.00
---------

☐ Memo Item

Transaction ID : SB17.4477

**B. CITI CARD**

Mailing Address PO BOX 9001037

City	State	Zip Code
LOUISVILLE	KY	40290

Purpose of Disbursement  
CREDIT CARD PAYMENT

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
06 / 28 / 2016

Amount of Each Disbursement this Period

812.71
--------

☐ Memo Item

Transaction ID : SB17.4491

**C. WCBC AM**

Mailing Address PO BOX 1290

City	State	Zip Code
CUMBERLAND	MD	21501

Purpose of Disbursement  
MEDIA

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
06 / 28 / 2016

Amount of Each Disbursement this Period

435.00
--------

☒ Memo Item

Transaction ID : SB17.4491.0

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1812.71

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 9 OF 21

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**PEOPLE FOR FRANK HOWARD**

Full Name (Last, First, Middle Initial)

**A. SIGNS ONE HOUR**

Mailing Address 18050-5 GEORGIA AVENUE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		28		2016

City	State	Zip Code
OLNEY	MD	20832

Amount of Each Disbursement this Period

333.90
--------

Purpose of Disbursement  
CAMPAIGN SIGNSCategory/  
Type☒ Memo Item

Transaction ID : SB17.4491.1

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

**B. COMPLIANCE CONSULTING LLC**

Mailing Address PO BOX 365

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		20		2016

City	State	Zip Code
MCLEAN	VA	22101

Amount of Each Disbursement this Period

1100.00
---------

Purpose of Disbursement  
COMPLIANCE CONSULTINGCategory/  
Type☐ Memo Item

Transaction ID : SB17.4488

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

**C. HBP, INC.**

Mailing Address 952 FREDERICK ST

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		03		2016

City	State	Zip Code
HAGERSTOWN	MD	21740

Amount of Each Disbursement this Period

1383.30
---------

Purpose of Disbursement  
PRINTINGCategory/  
Type☐ Memo Item

Transaction ID : SB17.4480

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2483.30

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 10 OF 21

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**PEOPLE FOR FRANK HOWARD**

Full Name (Last, First, Middle Initial)

**A. FRANK HOWARD**

Mailing Address 21645 RIPPLEMEAD DRIVE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		03		2016

City	State	Zip Code
LAYTONSVILLE	MD	20882

Amount of Each Disbursement this Period

1051.45
---------

Purpose of Disbursement  
TRAVEL REIMBURSEMENT - MILEAGECategory/  
Type☐ Memo Item

Transaction ID : SB17.4481

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> Other (specify)	<input type="checkbox"/> General
State: MD	District: 06			

Full Name (Last, First, Middle Initial)

**B. JPM PUBLIC RELATIONS SERVICES**Mailing Address 7655 PEBBLE CREEK CIRCLE  
#102

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		15		2016

City	State	Zip Code
NAPLES	FL	34108

Amount of Each Disbursement this Period

2500.00
---------

Purpose of Disbursement  
COMMUNICATIONS STRATEGY CONSULTINGCategory/  
Type☐ Memo Item

Transaction ID : SB17.4470

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> Other (specify)	<input type="checkbox"/> General
State:	District:			

Full Name (Last, First, Middle Initial)

**C. JPM PUBLIC RELATIONS SERVICES**Mailing Address 7655 PEBBLE CREEK CIRCLE  
#102

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		15		2016

City	State	Zip Code
NAPLES	FL	34108

Amount of Each Disbursement this Period

28.97
-------

Purpose of Disbursement  
COMMUNICATIONS STRATEGY CONSULTING EXPENSECategory/  
Type☐ Memo Item

Transaction ID : SB17.4471

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> Other (specify)	<input type="checkbox"/> General
State:	District:			

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

3580.42

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 11 OF 21

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**PEOPLE FOR FRANK HOWARD**

Full Name (Last, First, Middle Initial)

**A. JPM PUBLIC RELATIONS SERVICES**Mailing Address 7655 PEBBLE CREEK CIRCLE  
#102City State Zip Code  
NAPLES FL 34108Purpose of Disbursement  
COMMUNICATIONS STRATEGY CONSULTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		03		2016

Amount of Each Disbursement this Period

3333.33
---------

☐ Memo Item

Transaction ID : SB17.4478

**B. JPM PUBLIC RELATIONS SERVICES**Mailing Address 7655 PEBBLE CREEK CIRCLE  
#102City State Zip Code  
NAPLES FL 34108Purpose of Disbursement  
COMMUNICATIONS STRATEGY CONSULTING EXPENSE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		03		2016

Amount of Each Disbursement this Period

28.97
-------

☐ Memo Item

Transaction ID : SB17.4479

**C. LEIGH PEPER**

Mailing Address 17248 SPATES HILL ROAD

City State Zip Code  
POOLESVILLE MD 20837Purpose of Disbursement  
TRAVEL - MILEAGE REIMBURSEMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		03		2016

Amount of Each Disbursement this Period

695.90
--------

☐ Memo Item

Transaction ID : SB17.4475

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

4058.20

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 12 OF 21

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**PEOPLE FOR FRANK HOWARD**

Full Name (Last, First, Middle Initial)

**A. LEIGH PEPER**

Mailing Address 17248 SPATES HILL ROAD

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		03		2016

City	State	Zip Code
POOLESVILLE	MD	20837

Amount of Each Disbursement this Period

2000.00
---------

Purpose of Disbursement  
POLITICAL STRATEGY CONSULTINGCategory/  
Type☐ Memo Item

Transaction ID : SB17.4476

Candidate Name

Office Sought:	House	Disbursement For:
	Senate	
	President	
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial)

**B. SEARS CREDIT CARD**

Mailing Address PO BOX 78051

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		05		2016

City	State	Zip Code
PHOENIX	AZ	85062

Amount of Each Disbursement this Period

9200.00
---------

Purpose of Disbursement  
CREDIT CARD PAYMENTCategory/  
Type☐ Memo Item

Transaction ID : SB17.4482

Candidate Name

Office Sought:	House	Disbursement For:
	Senate	
	President	
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial)

**C. CUMULUS MEDIA**

Mailing Address 4400 JENNIFER STREET NW

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		05		2016

City	State	Zip Code
WASHINGTON	DC	20015

Amount of Each Disbursement this Period

5200.00
---------

Purpose of Disbursement  
MEDIACategory/  
Type☒ Memo Item

Transaction ID : SB17.4482.0

Candidate Name

Office Sought:	House	Disbursement For:
	Senate	
	President	
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

11200.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 13 OF 21

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**PEOPLE FOR FRANK HOWARD**

Full Name (Last, First, Middle Initial)

**A. POST HASTE MAILING**Mailing Address 90 RUSSELL STREET  
STE 100

City ANNAPOLIS State MD Zip Code 21401

Purpose of Disbursement  
DIRECT MAIL EXPENSE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		05		2016

Amount of Each Disbursement this Period

4000.00
---------

☒ Memo Item

Transaction ID : SB17.4482.1

**B. SELECT BOOKS**

Mailing Address 2016 MONTICELLO DRIVE

City ANNAPOLIS State MD Zip Code 21401

Purpose of Disbursement  
BOOKS

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		18		2016

Amount of Each Disbursement this Period

350.00
--------

☐ Memo Item

Transaction ID : SB17.4472

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y

Amount of Each Disbursement this Period

--

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

350.00
--------

23484.63
----------

**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 14 OF 21

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4259

PEOPLE FOR FRANK HOWARD

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** ☐ Memo Item

FRANK HOWARD

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

21645 RIPPLEMEAD DRIVE

City

State

ZIP Code

LAYTONSVILLE

MD

20882

Original Amount of Loan

2000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

0.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
12 / 29 / 2015

Date Due

M M / D D / Y Y Y Y  
/ / /

Y NONE Y

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

0.00

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

: 97 `A=G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A=N5HCB  
.

Form/Schedule: SC/10

Transaction ID : SC/10.4259

(Current loan amount of 2000.00 from a balance of 2000.00 has been forgiven)

Form/Schedule:

Transaction ID:

**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 16 OF 21

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4260

PEOPLE FOR FRANK HOWARD

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** ☐ Memo Item

FRANK HOWARD

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

21645 RIPPLEMEAD DRIVE

City

State

ZIP Code

LAYTONSVILLE

MD

20882

Original Amount of Loan

23000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

0.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
12 / 31 / 2015

Date Due

M M / D D / Y Y Y Y  
NONE

Interest Rate

0.00 % (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

0.00

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

: 97 `A-G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A-N5HCB  
.

Form/Schedule: SC/10

Transaction ID : SC/10.4260

(Current loan amount of 23000.00 from a balance of 23000.00 has been forgiven)

Form/Schedule:

Transaction ID:

**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 18 OF 21

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4328

PEOPLE FOR FRANK HOWARD

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** ☐ Memo Item

FRANK HOWARD

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

21645 RIPPLEMEAD DRIVE

City

State

ZIP Code

LAYTONSVILLE

MD

20882

Original Amount of Loan

5000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

0.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
03 / 30 / 2016

Date Due

M M / D D / Y Y Y Y  
/ / /

/ / /

Y Y Y Y  
NONE

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

0.00

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

: 97 `A=G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB  
.

Form/Schedule: SC/10

Transaction ID : SC/10.4328

(Current loan amount of 5000.00 from a balance of 5000.00 has been forgiven)

Form/Schedule:

Transaction ID:

**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 20 OF 21

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4329

PEOPLE FOR FRANK HOWARD

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** ☐ Memo Item

FRANK HOWARD

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

21645 RIPPLEMEAD DRIVE

City

State

ZIP Code

LAYTONSVILLE

MD

20882

Original Amount of Loan

20000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

0.00

**TERMS**

Date Incurred

M / D / Y  
03 / 31 / 2016

Date Due

M / D / Y  
 / / NONE

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

0.00

**TOTALS** This Period (last page in this line only)..... ►

0.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB  
.

Form/Schedule: SC/10

Transaction ID : SC/10.4329

(Current loan amount of 20000.00 from a balance of 20000.00 has been forgiven)

Form/Schedule:

Transaction ID: